



# Your Guide to Joint Replacement Surgery

# BEACON SURGERY CENTER

## PHYSICIAN OWNERSHIP

Please note that your surgeon may have a financial interest in the Surgery Center.

The Physician Partners in Beacon Orthopaedics Surgery Center, LLC include:

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## CONTACT US

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# Welcome to Beacon

Welcome and thank you for choosing to have your surgery at Beacon Orthopaedics and Sports Medicine's Ambulatory Surgery Center located within our Sharonville location Summit Woods.

Recent advances in surgical technique, anesthesia, and pain management have enabled joint replacement surgery to move safely out of the hospital setting. Joint replacement surgery is now possible with a same day release. We have designed our facility to be on the cutting edge of new technology to provide you and your family members the best care available. Our goal is for you and your loved ones to have a safe, comfortable, high-quality patient care experience in a more peaceful environment with more individualized service. This booklet is designed to help you feel comfortable, informed, and prepared for your total joint replacement.

**Date of Surgery:** \_\_\_\_\_

**Time of Surgery:** Exact time of surgery is determined one day in advance. You will be notified of your surgery time via phone the work day before your surgery date.

**Location:**  **SUMMIT WOODS** Ambulatory Surgery Center (ASC)  **WEST** Ambulatory Surgery Center (ASC)

## DIRECTIONS

**Summit Woods Ambulatory Surgery Center**  
501 E Business Way, Cincinnati, OH 45241

### FROM I-75

- Take I-275 East to Reed Hartman (Exit 47).
- Stay in middle lane on the ramp and follow signs to Kemper Rd.
- Turn right on Reed Hartman and immediately get into the left lane for Kemper Rd. Connector.
- Turn left at first traffic signal and travel up a short hill to Kemper Rd., across from the Doubletree Hotel.
- Turn right (east) on Kemper Rd.
- At second traffic signal turn left onto E Business Way.
- Beacon Orthopaedic Center is at the end of the circle.

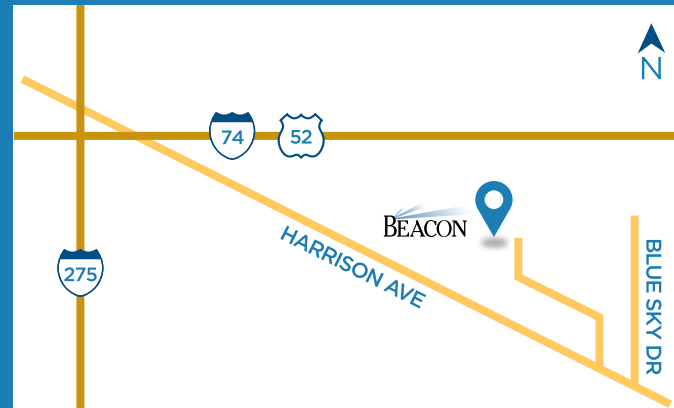
### FROM I-71

- Take I-275 West to Reed Hartman (Exit 47).
- Turn left off exit and cross over the interstate. Stay in the left lane.
- Turn left at first traffic signal and travel up a short hill to Kemper Rd., across from the Doubletree Hotel.
- Turn right (east) on Kemper Rd.
- At second traffic signal turn left onto E Business Way.
- Beacon Orthopaedic Center is at the end of the circle.

**West Ambulatory Surgery Center**  
6480 Harrison Avenue, Cincinnati, OH 45247

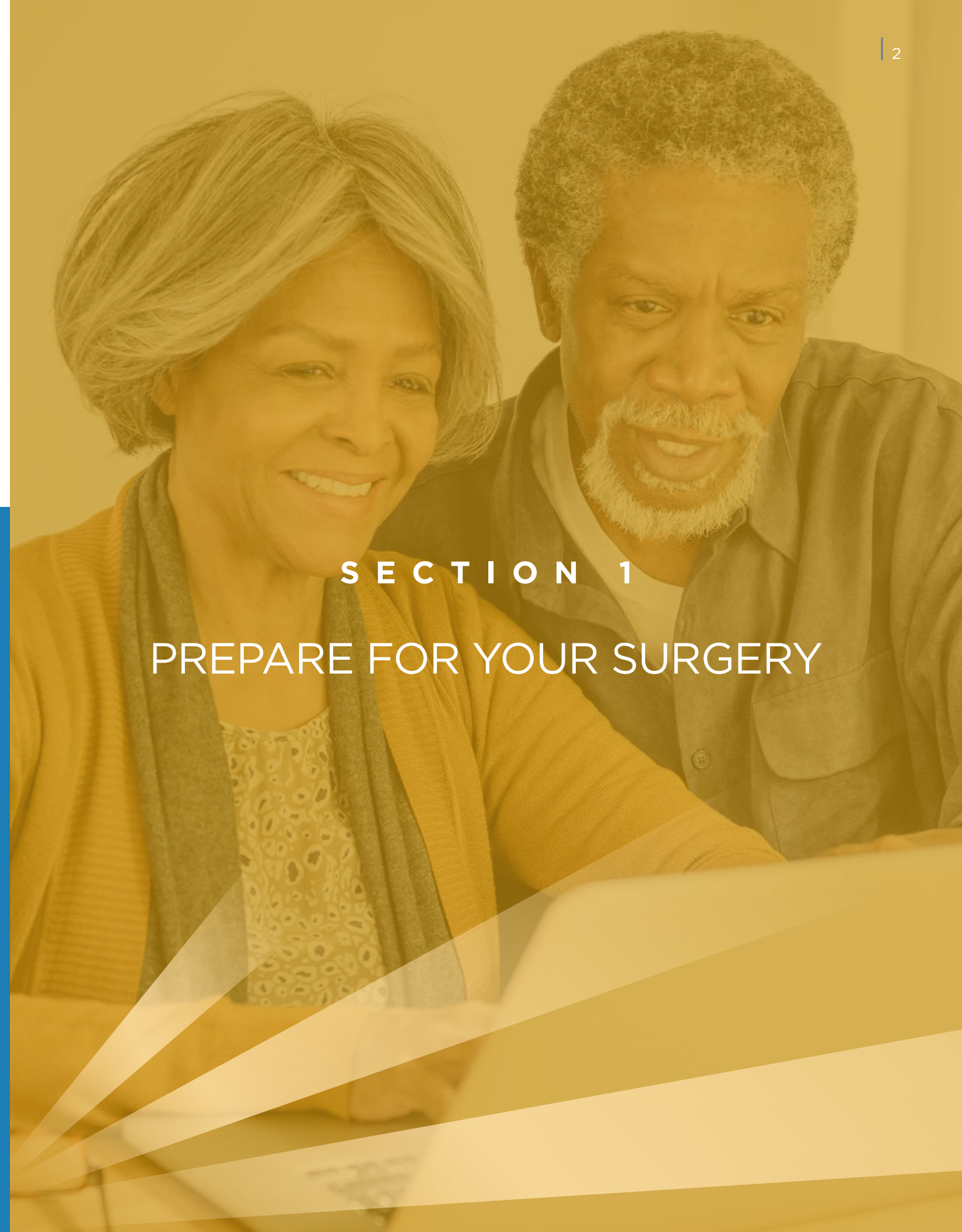
### FROM I-275

- Take I-275 to I-74/US-52.
- Use the left lane to take exit 28 to merge onto I-74/US-52 East toward Cincinnati.
- Use the middle lane to take exit 11 toward Rybolt Rd/ Harrison Ave. Use the right two lanes to turn right onto Harrison Ave.
- Travel on Harrison Ave. for half a mile.
- Turn left at the Beacon sign and proceed up the hill.
- Beacon Orthopaedic Center is at the end of the driveway.



## SECTION 1

# PREPARE FOR YOUR SURGERY



# Prepare for Your Surgery

## FINANCIAL PRE-PAYMENT POLICY

Thank you for entrusting Beacon with your surgical care. At Beacon, we want to make your experience with us as smooth as possible. Our goal is to provide you with the information needed to navigate the complex health insurance & billing field. Our patient advocates are here to assist with any questions you may have regarding this information.

**At Beacon, we require the prepayment of any estimated patient responsibility amounts prior to the service being performed.** Depending on your insurance benefits, you may have a deductible, coinsurance, or co-pay. Our patient advocates may be contacting you regarding your estimated out of pocket costs to set up payment arrangements.

When you have surgery, you will likely receive multiple bills. These bills can include:

- **Professional Charges** — Professional charges are the fees that are paid to the physician for performing the surgery. For assistance with these fees, contact our representative at **513-580-7519**.
- **Facility Charges** — Facility charges are the fees from the building where the surgery was performed which cover the costs of medications, implants, and supplies. These can come from the Surgery Center or Hospital, depending on where your care is performed. For assistance with the Beacon Surgery Center's fees, contact our representative at the number listed above.
- **Anesthesia Charges** — Anesthesia charges are the fees from the anesthesiologists' services during your surgery and recovery. If performed at our Surgery Center, these bills will come from Seven Hills Anesthesia Group Practice. For questions regarding anesthesia charges, contact our representative at **513-862-2432**.

**The quoted amounts due for surgery are only estimates.** The real dollar amount owed by the patient can fluctuate depending on changes in the patient's benefits or the procedure performed. If the amount quoted is less than what is actually due, the patient will be required to pay the difference after the surgery. If the amount quoted is higher than the actual amount, the patient will receive a refund in a timely manner.

## PRE-ADMISSION TESTING

You will receive a phone call from a nurse in our Pre-Admission Testing (PAT) department to go over basic health questions and to help guide you through the pre-operative process. This is a good opportunity to ask any questions you may have regarding other medications you are taking, etc. Please note that your exact time of surgery will be communicated 24-48 hours prior to your date of surgery.

Beacon Orthopaedics & Sports Medicine utilizes One Medical Passport in order to complete pre-admission testing. Please follow the instructions below in order to create a One Medical Passport account and complete the pre-admission questions as soon as possible after you have scheduled your surgery.

**If you have difficulties doing this online, or don't have a working computer, please call 513-257-2950.**

Beacon Orthopaedics Surgery Centers ask that you complete pre-admission with One Medical Passport. The website guides you to enter your medical history online to help up provide you with the best possible care and minimize long phone interviews and paperwork.

## BEGIN PRE-ADMISSION ON OUR WEBSITE

1. Open a web browser and type in: [www.beaconortho.com/surgery](http://www.beaconortho.com/surgery)

2. Click on the **Pre-Surgical Assessment Link** or **One Medical Passport Icon**



3. Create your **One Medical Passport Account**

First time users of onemedicalpassport.com should click on the green **Register** button and create an account. Answer the questions on each page and click save and continue.

Username chosen: \_\_\_\_\_

Password: \_\_\_\_\_

4. Once complete, you will be prompted to click **Finish** to securely submit your information.

### Please note:

#### Returning Users (for changes or reuse)

If you are a returning user, enter the username and password you chose previously to access or update your account.

#### Help Completing Pre-Admission

Each page has a Help link you may click for assistance from One Medical Passport. If you are unable to complete the assessment for any reason, please call **513-257-2950**.

The screenshot shows the One Medical Passport website interface. At the top, it says 'COMPLETE YOUR PRE-SURGICAL ASSESSMENT' with the One Medical Passport logo. Below that, there are two main sections: 'New to One Medical Passport?' and 'Welcome Back'. The 'New to One Medical Passport?' section has a green 'Register' button and a right-pointing arrow button. Below this is a '- OR -' separator. The 'Welcome Back' section has a 'Sign In to Your Account' heading, followed by input fields for 'Account username' and 'Account password', and a green 'Sign In' button. There is also a link for 'Forgot username or password?'.

## COMPLETE PHYSICAL EXAM

You will need to have a comprehensive physical exam completed by your family physician. This physical exam must be completed within **30 days** of your surgery.

In the back of this booklet, there are two perforated pages to take to your physician for completion. If you have a cardiologist or another specialist physician, please check in with those doctors as well.

Please instruct any specialist that may be involved to fax approval/testing results to Beacon at **513-823-2887 (fax) at least 2 business days or sooner prior to your surgery date.** If you are going to be out of town the week before your surgery, please let our staff know as soon as possible.

## SURGERY AND YOUR MEDICATIONS

Please bring a list of your home medications to the Ambulatory Surgery Center. Your surgeon will determine what medications can be started after your surgery.

All weight-loss products, nutritional supplements, and herbal supplements should be stopped **2 weeks** before surgery. Please review this with the PAT nurse.

**If you are on Aspirin, Aspirin-containing medications or any type of blood thinner (i.e, Aggrenox, Coumadin, Effient, Eliquis Plavix, Pradaxa, Xarelto), contact your physician for instructions regarding these medications.**

Medications such as ibuprofen and other anti-inflammatories need to be stopped **7 days** before surgery.

### Common Anti-inflammatories to Stop 7 Days Before Surgery:

Advil or Motrin (ibuprofen)	Etodolac	Meclofenamate-Meclomen
Aleve or Naprosyn (naproxen)	Feldene (piroxicam)	Mefanamec Acid
Arthrotec or Voltaren (diclofenac)	Fenoprofen-Naflon	Nuprin Ketoralac-Toradol
Celebrex (celecoxib)	Indocin (indomethacin)	Relafen (nabumetone)
Daypro (oxaprozin)	Lodine (etodolac)	Toradol (ketorolac)

**Do not take your diabetic medications the morning of surgery unless you have been instructed by your medical doctor.**

**Medications you may be told to take the morning of surgery as instructed by your physician and/or PAT nurse include:**

Blood pressure medications      Beta blockers (heart medications)      Anti-seizure medications

## THINGS TO DO THE NIGHT BEFORE AND MORNING OF YOUR SURGERY

- Do brush your teeth, but do not swallow the water in the morning.
- Do shower the night before and morning of surgery with antibacterial soap.
- Do leave all unnecessary valuables at home.
- Do take medication as directed with just a sip of water.

## THINGS NOT TO DO THE NIGHT BEFORE AND MORNING OF YOUR SURGERY

- Do not eat or drink after midnight.
- Do not drink alcohol, including beer or wine.
- Do not smoke.
- Do not chew gum.
- Do not eat any type of hard candy.
- Do not shave the surgical area at home.
- Do not wear make-up or nail polish.

## THINGS TO BRING THE DAY OF SURGERY

- List of medications you are currently taking and list of allergies
- Driver's License
- Insurance card
- Copy of Advanced Directives (if you have them)
- Wear a comfortable outfit or athletic clothes that are easy to get on/off and a pair of gym shoes.
- Crutches/walker (if you don't have these, they will be provided for you to take home)
- Eyeglasses, contacts, hearing aides

## PREPARE YOUR HOME

**Your ability to perform your usual daily activities may be altered after your surgery. There are a few things you can do before your surgery to make your transition back home safer and easier.**

- Make sure walkways and hallways are clear and wide enough for you and your walker, crutches, or cane. Rearrange furniture if needed.
- It may be difficult to get up from low surfaces, so make sure your favorite chairs and bed are high enough for you to get into and out of easily.
- Remove throw rugs, carpet runners, and bathroom mats from the floors; these are tripping hazards.
- Place frequently used kitchen and bathroom items within easy reach to avoid excessive bending and stretching.
- Make sure you wear supportive walking shoes (no open back shoes) and comfortable, loosefitting clothing.
- Complete housekeeping tasks before surgery: such as laundry, placing clean linens on the bed, and preparing and freezing meals in advance.
- Cut the grass, tend to the garden, and finish any other yard work before surgery.
- Arrange to have someone collect your mail, take out the trash, and take care of pets.
- Make arrangements for transportation to any appointments, including physical therapy, until you are cleared to drive by your surgeon.
- Make arrangements to have someone stay with you for the first week after surgery.

## IMPORTANT INFORMATION REGARDING ASC POLICIES

Beacon Orthopaedics Surgery Center treats patients and their caregivers with respect, consideration and dignity regardless of age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems. Patients will receive a copy of these rights and responsibilities via this guide book prior to the date of their procedure.

### Each patient has the right to:

- Receive appropriate care in a safe setting as directed by the physician from staff members who are friendly, considerate, respectful, and qualified to perform the services for which they are responsible with the highest quality of service.
- Expect appropriate privacy with regard to treatment while in the facility and treatment of all patient health information held by the facility in medical records except when disclosure is required by law.
- Approve or refuse the release of patient health information except in the case of acute transfer to another facility or when disclosure is otherwise required by law.
- Complete information, to the extent known by the physician, regarding diagnosis, evaluation, treatment plan, procedure and prognosis, as well as alternative treatments or procedures and the potential risks and side effects associated with treatment plan and procedure.
- Participate in decisions regarding their healthcare, except when contraindicated for medical reasons. If the patient is unable to participate in such decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Information regarding the scope of services available at the facility and provisions for after-hours emergency care.
- Information related to fees for services rendered and facility policies regarding payment for such services.
- Refuse treatment to the extent permitted by law and be more informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Be fully informed of any human experimentation or other research projects affecting his or her care or treatment. The patient has the right to refuse participation in such experimentation or research without compromise to the patient's care.
- Be fully informed of the facility's policy regarding advance directives/living wills.
- Information regarding and assistance in changing primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Request information regarding the credentialing of healthcare professionals who provide care at the facility.
- Information regarding the absence of malpractice insurance coverage when applicable to the healthcare professional providing patient care.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Information regarding the procedure for expressing suggestions and/or grievances and external appeals as required by state and federal regulation.
- Be free from all forms of abuse or harassment.

### Each patient is responsible for:

- Provision of complete and accurate information to the best of his/her ability about his/her health, any medication, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Following the treatment plan prescribed by his/her provider.
- Assuring that a responsible adult is available to transport him/her home from the facility and remain with him/her for 24 hours if required by his/her provider.
- Informing his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accepting personal-financial responsibility for any charges not covered by his/her insurance.
- Being respectful of all the health care providers and staff, as well as other patients.
- Respecting the property of others and the facility.
- Confirmation of whether he or she clearly understands the planned course of treatment.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.

We pledge that each patient will receive the highest quality patient care available delivered in a professional, friendly and confidential manner. Comments or concerns regarding our service may be made directly to our Director of Surgical Services, by telephone, US Mail or email using the following contact information.

Beacon Orthopaedic Surgery Center LLC  
501 E Business Way, Cincinnati, Ohio, 45241  
513-401-6611  
dwinter@beaconortho.com

You may also contact the Ohio Department of Health or go the Office of the Medicare Beneficiary Ombudsman website to report a specific grievance associated with your care at this facility.

Ohio Department of Health, PCSH  
246 North High Street, Columbus, OH 43215  
Complaint Hotline: 800-342-0553  
Complaint Email: hccomplaint@odh.ohio.gov

### Office of the Medicare Beneficiary Ombudsman

[www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)

**You have now received all the patient rights and responsibility information in this section and will be responsible for reviewing it and asking any questions you may have.**

## PHYSICAL THERAPY

**If you decide to do your post-operative physical therapy outside of Beacon, call the provider in advance and schedule a post-operative physical therapy appointment for 2-3 days after your date of surgery.**

If you choose to have your post-operative physical therapy sessions at a Beacon location, the staff will schedule your first follow up appointment and more before you leave the morning after your surgery. If you choose a non-Beacon facility, you will need to request a physical therapy script from our office to give to your provider.

Post-operative physical therapy is done 1-3 times per week for approximately 6-8 weeks. If transportation is unavailable or not practical for you to get to outpatient physical therapy, home physical therapy may be arranged for you. If you anticipate you will need this, call your physician's staff for assistance in arranging this service. Beacon Orthopaedics does not offer in-home physical therapy.

## BEACON DME SERVICES - MEDICAL EQUIPMENT

Beacon Orthopaedics and Sports Medicine has in-house Durable Medical Equipment (DME) services to provide patients with the bracing, assistive devices and other medical devices they may need. Depending on your physician and your insurance company, patients may receive different medical devices and at different times.

## FOR TOTAL KNEE & TOTAL HIP REPLACEMENTS

Our physicians recommend the use of a rolling walker after a total knee or total hip replacement. Rolling walkers allow you to keep a normal gait as you walk, and reduce the risk of losing your balance that crutches often cause. If you already own a rolling walker or are borrowing one from a friend, please bring it with you to your surgery so that our staff can assure it is fitted to you properly. If you do not have a rolling walker already, one will be provided to you at the surgery center and you will be sent home with that rolling walker.

If you already have a cane or crutches, these items can be useful once you are further along in your recovery and no longer need the full support of the rolling walker.

## SECTION 2

# YOUR DAY AT BEACON

### MORNING OF YOUR SURGERY

Certain medications may be taken with a sip of water the morning of your surgery.

After checking in at the Surgery Center's front desk, you will be taken to the pre-operative holding area where you will be prepared for surgery. You will meet the anesthesiologist at this time and you will see your physician before you go into surgery.

If you are having a knee replacement, your anesthesiologist will perform a peripheral nerve block. This is called an adductor canal nerve block and will help reduce post-operative pain. The block involves infiltration of local anesthetic with a needle under ultrasound guidance around the mid-thigh. You will be given a mild sedative prior to this procedure.

For both a hip or knee replacements, you will receive spinal anesthesia or general anesthesia. Spinal anesthesia can be performed in the preoperative holding area or in the operating room. The anesthesiologist infiltrates the lower lumbar spine with local anesthetic. General sedation is accomplished with intravenous medication.

Advantages to spinal anesthesia include the following: less pain, less blood loss, no need for endotracheal intubation, no sore throat, less nausea, and lower rates of blood clots.

### OPERATING ROOM

The operating rooms are kept at a cold temperature so every attempt will be made to keep you warm during the surgery.

Depending on your surgeon, a drain may be placed at your surgical site; this controls swelling and removes excess blood and fluid. This drain will be removed before you are discharged home. You may have an oxygen tube in your nose. As you wake up from surgery, you will be very sleepy and will not want to breathe deeply, the tube will deliver oxygen until you are fully awake.

Joint replacement surgery takes about 60 minutes to perform. You will be in the operating room for an estimated 90 minutes from start to finish. After surgery, you will be taken to the recovery room where you will remain until you are discharged home.



## TOTAL KNEE REPLACEMENT

### Overview

This procedure restores function to a severely damaged knee. Most commonly, it is used to repair a knee that has been damaged by arthritis. During the procedure, the surgeon replaces the damaged portions of the knee with artificial parts. These parts consist of a metal femoral component, a metal tibial component and a plastic spacer. A small plastic patellar component may also be used.

### Preparation

In preparation for the procedure, anesthesia is administered and the patient is positioned. The surgeon makes an incision in the front of the knee. The surgeon gently moves the kneecap out of the way to expose the joint.

### Reshaping the Bones

The surgeon carefully trims away the damaged ends of the femur and the tibia. The surgeon removes cartilage and a small amount of underlying bone, reshaping the bones to provide a stable platform for the artificial components.

### Inserting the Metal Components

After the bones have been prepared, the surgeon may apply bone cement to stabilize these components. The surgeon inserts the metal femoral and tibial components.

### Inserting the Spacer

The surgeon secures a plastic spacer onto the tibia component. The spacer will allow the femoral component to glide smoothly and naturally as the knee is used.

### Patellar Resurfacing

In addition to repairing the femur and tibia, the surgeon may also choose to resurface the kneecap. If so, the surgeon will carefully trim away the back of the kneecap and replace it with a small plastic cap.

### Testing the Joint

When all of the components are in place, the surgeon tests the components by guiding the knee through a range of movements. The surgeon checks to make sure the knee flexes and extends with a fluid and natural motion. When the procedure is complete, the surgeon closes the incision and bandages the knee.



## TOTAL HIP REPLACEMENT

### Overview

This surgery replaces diseased and damaged portions of the hip with implants designed to restore function to the hip joint. The surgeon uses an incision on the anterolateral part of the hip, instead of a more traditional incision on the side or back of the joint.

### The Anterior Approach

The anterior incision allows the surgeon to work between the major muscles of the hip instead of cutting through them or detaching them from the hip or femur. By preserving muscle tissue, the anterior approach can minimize recovery time and reduce the risk of future dislocation.

### Preparation

In preparation for the procedure, anesthesia is administered and the patient is positioned. The surgeon makes an incision in the front of the hip. The surgeon gently separates the femur from the hip socket and removes the damaged ball of the joint.

### Hip Socket Cleaned

Damaged cartilage and bone are removed from the hip socket.

### Metal Shell & Liner Inserted

A metal shell is pressed into the hip socket. The shell may be held in place with bone cement or screws. A plastic, metal, or ceramic liner is locked into the metal shell, and the artificial socket is complete.

### Femur Prepared

The surgeon now focuses on the femur implant. First, the end of the femur is hollowed out.

### Implant Inserted

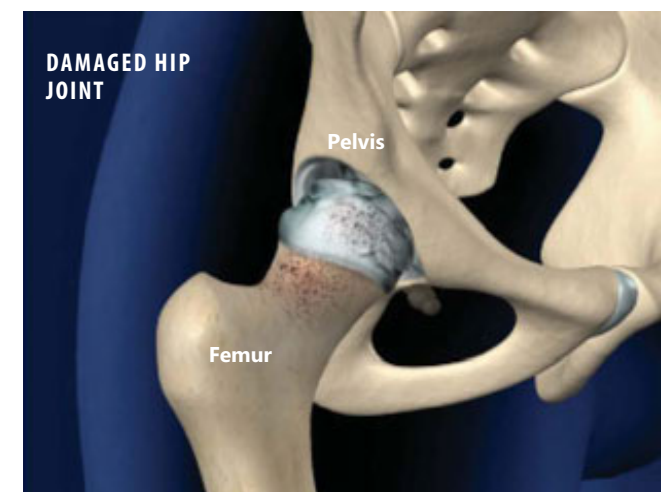
The metal implant is placed into the top of the femur. Bone cement may be used.

### Ball Attached

A metal or ceramic ball component is attached to the stem.

### End of Procedure

The new ball and socket components are joined to form the new hip joint. The surgeon tests the components by guiding the hip through a range of movements. When the procedure is complete, the surgeon closes the incision and bandages the hip.





## SECTION 3

# YOUR RECOVERY



### AFTER YOUR SURGERY

When your surgery is over, you will be moved to the Post Anesthesia Care Unit (PACU) where you will remain until you are discharged home. The nurses will check your vital signs, dressings, and oxygen levels. They will also administer medication to make sure your pain is under control.

You can return to your normal diet gradually after surgery. Your nurse will give you water, soda or juice and crackers. A physical therapist will then see you in your PACU bay. You will participate in physical therapy exercises and when the spinal anesthesia has worn off, you will get up and walk with assistance.

You will be discharged when you have urinated and are medically stable. Discharge instructions will be provided to you and your caregiver prior to going home.

### POST-SURGERY CARE

#### Incision Care

Keep your wound clean and dry. Your nurse will let you know on the day of surgery how long your incision should be covered, and will provide you with detailed incision care instructions before you leave the facility.

#### Pain Relief at Home

After surgery, you will be given narcotic pain medication. Do not take it with any other sedating/hypnotic medication or any other sleep aid. One side effect of the pain medication is constipation. You may be given a prescription for a stool softener called Senokot-S. You should take this medication while you are taking pain medication. If you do not get a prescription, you can use other over-the-counter stool softeners and laxatives that are available.

Icing your surgical joint helps reduce swelling, which helps manage your pain. Use ice packs as directed by your surgeon. Icing is very helpful after physical therapy exercises.

### Preventing Blood Clots

In rare cases, blood clots, called deep vein thrombosis (DVT) may form in the leg after joint replacement surgery. In rare cases, these clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of blood clots (if not contraindicated), you will be given prescription for a blood thinner such as Aspirin, Eliquis, Xarelto, or Coumadin, to take after surgery. Mechanical devices such as calf or foot pumps will squeeze the leg or foot to maintain blood flow in the veins. You will wear these devices while you are at the Surgical Center. It is also important for you to wear the TED hose as directed. TED hose compress the veins and decrease the chance of blood clots. If prescribed by your physician, you are to wear the TED hose for the first two weeks after surgery. \*If your surgeon orders TED hose, they will be placed on you in the prep-op area. It is also important to stay active and perform ankle pumps of both extremities several times an hour. This can be completed by “writing the alphabet” with your feet.

### Preventing Respiratory Complications

After surgery, you must make a conscious effort to take deep breaths and cough in order to prevent post-operative respiratory complications like pneumonia. Your surgeon may also order a device called an Incentive Spirometer, which will be sent home with you. You should use this 10 times each hour while you are awake.

### Leg Swelling

Swelling in the leg after joint replacement is normal. Bruising may also appear and will resolve gradually over several weeks. Periods of walking should be alternated with periods of elevating the swollen leg. You should not sit for more than 30-60 minutes at a time. Performing ankle pumps and applying ice packs will also reduce swelling.

## POST-OPERATIVE ORDERS FOR JOINT REPLACEMENT

- 1. Diet instruction:** Normal diet as tolerated. Take only clear liquids if nauseated or vomiting.
- 2. Activity:** Encourage movement of extremity. Follow specific exercises by surgeon. Weight bearing as tolerated. No precautions. No restrictions.
- 3. Ice:** Use ice packs as directed by your surgeon.
- 4. Incision care:** Follow your incision care and if applicable TED hose instructions provided by your physician. Use TED hose to keep dressing in place for knee replacement.
- 5. TED hose:** If prescribed by your physician, wear TED hose at all times for the first two weeks. May remove for showering.

### Call your physician's staff immediately if you experience any of the following:

- Temperature of greater than 101.5 degrees
- Redness, foul-smelling odor, or excessive drainage from the incision
- Swelling with pain in the foot or calf
- Difficulty breathing or chest pain

# Frequently Asked Questions

## GENERAL QUESTIONS

### I can't sleep at night because my leg is uncomfortable. What can I do?

It is natural for our bodies to change positions while we sleep. Your ability to do this on your own may be limited and you may need someone to help reposition your leg. Turn the leg all together to reduce the twisting motion. Use pillows to help support the leg. Ice is very helpful to decrease pain.

### I'm having muscle spasms in my thigh, especially at night. What can I do?

People who have maintained a pretty high level of activity prior to surgery sometimes have irritable muscles in the early post-operative period due to a decrease in activity and more time spent lying down. Staying active and doing your leg exercises can help with this. If you find your leg muscles are tightening up on their own or your leg is jerking in your sleep, there is medication we can give you to relax your muscles.

### When can I drive after surgery?

You may start to drive once you do not require narcotic pain medication and when you have progressed away from the walker. You should use your own judgment as to when you can appropriately move your leg to operate the foot pedals. This usually occurs around 2 weeks for surgery on the left lower extremity and around 4 weeks for surgery on the right lower extremity.

### I haven't had a bowel movement since surgery. Should I be worried?

Several changes have occurred that can disrupt your regular schedule. The anesthesia and pain medication can slow down your stomach. Your appetite after surgery often changes temporarily and you are eating less than usual. It is important to drink plenty of fluids, eat foods that do not sit heavy in your stomach, and take the stool softener and laxative if needed.

### How long do I have to wear these TED hose?

TED hose help with swelling and also help prevent blood clots by compressing the veins. If prescribed, you are to wear the TED hose two weeks after surgery.

### My leg is swollen and it hurts. The pain medicine doesn't help. What should I do?

Swelling in the leg is normal after joint replacement surgery. It should go down with elevation of the leg. If it does not go down with elevation or if the amount of swelling stays the same or increases in the morning, then call the office.

### When can I immerse my incision in water (e.g. bath, swimming pool, hot tub, ocean)?

Typically, you should not immerse your incision for 3 weeks. Your incision must be sealed, clean and dry without any drainage before you can immerse your incision.

### Do I need physical therapy?

Yes, the physical therapist plays an important role in your recovery. You will see a physical therapist 2-3 times per week for at least 6 weeks. Your therapist will help you regain motion, build strength, and help you reach your post-operative goals. Your therapist will also keep your surgeon informed of your progress. Depending on your surgeon, if you had a total hip arthroplasty, you may or may not need physical therapy.

### Can I go up and down stairs?

Yes, initially, you will lead with your non-operative leg to go up stairs and will lead with your operative leg when going down stairs. You can use the phrase, “UP with the good and DOWN with the bad” to help you remember. As your leg gets stronger, you will be able to perform stairs in a more regular pattern.

**I feel depressed. Is this normal?**

It is not uncommon to have feelings of depression after your joint replacement surgery. This may be due to a variety of factors such as limited mobility, discomfort, increased dependency on others, and medication side-effects. Feelings of depression will typically fade as you begin to return to your regular activities. If your feelings of depression persist, you should consult your family physician.

**How long will I need pain medication?**

Initially, you will need strong oral pain medication (such as Percocet). Most people are able to wean off the stronger pain medication after 2-4 weeks and then can switch to an over-the-counter medication such as Tylenol. You should avoid taking anti-inflammatories (such as ibuprofen, Advil, Aleve, etc.) while you are taking a blood thinner (such as Aspirin, Eliquis, Xarelto, or Coumadin) as these medications together can cause upset stomach and/or bleeding in the stomach.

**How long do I need to take a blood thinner?**

To prevent and reduce the incidence of blood clots, you will be given prescription for a blood thinner such as Aspirin, Eliquis, Xarelto, or Coumadin, to take for a total of 4 weeks after surgery.

**When can I travel?**

You may travel as soon as you feel comfortable. It is recommended that you get up to stretch or walk at least once every hour when taking longer trips. This is important to help prevent blood clots and reduce swelling. During the first 6 weeks after surgery, you should not travel for extended periods of time as that could interfere with your physical therapy.

**Will I set off metal detectors at airports?**

You may set off the machines at airport security depending on the type of implant you have and the sensitivity of the security checkpoint equipment. Depending on your physician you will receive an implant card around 6 weeks post-op, or can request one.

**When can I return to work?**

This depends on your profession. Typically, if your work is primarily sedentary, then you may be able to return to work approximately 2-4 weeks after surgery. If your work is more rigorous, you may require up to three months before you can return to full duty. In some cases, you may require more time to return to your work.

**Can I drink alcohol?**

You should not consume alcohol while you are taking narcotic medication (pain medication). You should also avoid alcohol consumption while you are taking blood thinners.

**What activities are permitted following recovery from surgery?**

After completion of your physical therapy, you may return to activities as tolerated. Some of the best activities to help with range of motion and strengthening are walking, biking, swimming, and using an elliptical trainer. You should wait until 2 months after surgery before you return to lifting weights. Use light weights to begin with, and focus on good technique and repetition.

**What activities should I avoid?**

You should avoid high impact activities such as running and jumping. These types of exercises can increase the wear on your joint replacement.

**Do I need to take antibiotics before I go to the dentist?**

Yes, you should wait for three months after your joint replacement before scheduling any elective dental cleaning or non-urgent dental procedure. Please call our office before your dental appointment and we will provide the prescription for antibiotics.

**HIP REPLACEMENT SPECIFIC QUESTIONS****What is my hip made of?**

The outer shell of the new socket is made of metal. The inner shell, or liner, is made of a plastic called polyethylene. The head is made of either metal or ceramic depending on what your surgeon feels is necessary. When the head is joined with the new socket, the new hip can produce a smooth, nearly frictionless movement. The stem, which fits into the thigh bone, is commonly made of titanium.

**My leg feels longer since surgery. Should I be concerned?**

Your leg length is assessed during surgery and your surgeon uses X-ray and makes every effort to ensure your leg lengths are equal. It is not uncommon to feel that the operative leg is longer after surgery. For most patients, it just takes time for this feeling to resolve. It is important to not use a shoe lift, unless recommended by your surgeon.

**My thigh is numb on the outside. Is this normal?**

When the skin incision was made down the front of your hip, the small nerves in your skin were cut. These small nerves were the ones that gave you sensation in your skin. The nerves to the tissue under your skin are still intact and there is no other change to the bigger nerves in your leg. It could take 6-12 months for the numbness to subside.

**KNEE REPLACEMENT SPECIFIC QUESTIONS****What is my knee made of?**

Your knee is made of a cobalt-chromium femoral component and a titanium tibial baseplate. In between the two is an ultra high molecular weight polyethylene insert (plastic). The back of the kneecap has also been resurfaced with a plastic button.

**My knee is red and warm, is that normal?**

Feeling warmth and redness are normal after total knee replacement. Drainage from the wound and fever above 101.5 degrees are worrisome and should not be ignored. Call us at (513) 354-3700 if you have any concerns.

**My knee clicks. Is something wrong?**

Our knees have a little bit of play in them to allow us to bend them. The clicking is coming from the metal and plastic surface tapping against each other. As you regain your thigh muscle strength, there is much less clicking or by then you have gotten used to it. Patients may notice more clicking when walking in their yards or on uneven surfaces.

**My knee is numb on the outside. Is this normal?**

When the skin incision was made down the front of the knee, the small nerves in your skin were cut. These small nerves were the ones that gave you sensation in your skin. The nerves to the tissue under your skin are still intact and there is no other change to the bigger nerves in your leg. It could take 6-12 months for the numbness to subside.

**What are good positions for my knee? What positions should I avoid?**

You should spend some time each day working on straightening your knee (extension) as well as bending your knee (flexion). A good way to work on extension is to place a towel roll underneath your ankle when you are lying down. A good way to work on flexion is to sit on a chair and bend your knee or use a stationary bike. Avoid using a pillow or towel roll behind the knee for any length of time.

**Can I kneel?**

After 2 months, you may try to kneel. Although this may be uncomfortable initially, you will not injure your knee replacement. Most people find the more you kneel, the easier it gets. You may also find it more comfortable to use a kneeling pad.

# Questions For Your Doctor

# Notes

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